	S		\$ 1	
PLACE OF BIRTH		ARIZONA S	TATE BOARD	OF HEALTH
County of BUREAU OF VI		AL STATISTICS	State Index	No. 165
District of ORIGINAL CERTIFIC		IFICATE OF BIR	TH Co. Registra	MNO 274 275
Town of		•	Local Regis	strar's No
City of Globe	(No	·	St	Ward)
FULL NAME OF CHILD Make Supplemental Supplem	ental Report on blank	mella cobtainable from loc		Born YES
Sex of Child 4. Twin, Triplet or other	and Numb	er mate?	Date of Birth Month	(Day) (Yr.)
Full FATHER Name		Full Maiden	MOTHER	<u> </u>
Residence Residence M	30444	Name COLLA Residence	Margare	1 Mc Lean
Color or Race Ase at last Birthday		Color or Race	Affat ite Birth	last 23 (Years)
Birthplace Huntinston in	disua	Birthplace Bac	Lgale 7	· Dakota
Occupation Electrician		Occupation Har	hewife	•
Number of Child of this mother this mother	children of her now living	Were pro	ecautions taken aga thalmia neonatoru	inst m? yes-
CERTIFICA'	TE OF ATTENDING	G PHYSICIAN OR	WIDWIFE* 3	V
I hereby certify that I attended the birt	h of the above child,	and that it occurr	ed on <i>941.2</i> 8	1923 , a / 7 M.
*When there is no attending physician or midwife, then the householder should make this return.	(Sign:	ature) CM (Attending	Waleur g physician, midwife,	ouseholder:)
Given or Christian name added from a	Filed 4-27	Address Gla	ly ans	Jiw -
supplemental report192		V	Loca	L REGISTRAR.
445-423-945 COUNTY REGISTRAR.	Filed 5-5	A True Copy 1928	2, CO 1	Y REGISTRAR.
COUNTY REGISTRAN.			COUNT	I MEGISTAR.